U.S. Department of Labor Office of Labor-Management ` Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 10022

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Fiscal Year Covered From:

	1/11/2004 Through: 12/31/2004					
3. Name and address of person filing.	4. Name, file number, and address of labor organization.					
Name Floyel Hepting	Name America Ructio Association					
	Labor Organization File Number 530-003					
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any					
Street 9 Central Park Drive	Street 3445 M Causeway Blud #902					
city Metaurix	City Mefalle LA					
State LA ZIP Code + 4 7000 5	State LA ZIP Code + 4 7LWZ					
5. Position in tabor organization. Natural Council Member						
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of						
monetary value from an employer whose employees your organiza 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any	7.b. Amount.					
Street						
City						
State ZIP Code + 4						
Signature						

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Name of Person Filing Poyce Hepfing
B. Held an interest in or derived income or economic benefit with monetary value from a bustantial part of which consists of buying from, selling or leasing to, or otherwise dealing of an employer whose employees your labor organization represents or is actively seeking (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or dealing with your labor organization or with a trust in which your labor organization is interest.

activ r ind	value from a business (1) a herwise dealing with the business actively seeking to represent, or indirectly to, or otherwise nization is interested.			
	9. Business deals with:			
	! a. Labor Organization			
	火 b. Trust			
	c. Employer			
1				
	11.a. Nature of such dealing.			
·: ;				
	11.b. Approximate dollar value of such dealing.			
ì	12.a. Nature of interest held or income received.			
:	Reduborson Toster Travel & Ause			

File Number **U**- 330 - 003

of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name AMERICAN Realto ASSOCIATION Trade Name, if any: P.O. Box, Bldg., Room No., if any Street PHHT N Chuseney Much #902 City Melairiy State A ZIP Code + 4 70002	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name AMerican Radio Association Welfar Trade Name, if any: ARA Welfare Plan	11.a. Nature of such dealing.	
P.O. Box, Bldg., Room No., if any Street 3445 N Cawseway Blue #902 City Macfairia State LA ZIP Code + 4 70002	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Redundon Sold That Capel Repair	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Em (including trade name, if a	ployer or Labor Relations Consultant ny).	14.a. Nature of payment.		1
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if	any ·			!
Street				1
City	•			
State	: ZIP Code + 4			
13.b. Is the Business an Empl	oyer or Consultant ?	14.b. Amount of payment.		

12.b. Amount.

9144

Name of Person Filing Floyel Hepting	File Number U- 530-003
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name AMERICAN Realto ASSOCIALIAM Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3445 N Russeway Brod 4902 City MEMINIA State LA ZIP Code + 4 70002	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name President Rucho Association Joint Englished. Trade Name, if any: ANA TEC P.O. Box, Bidg., Room No., if any	11.a. Nature of such dealing.
Street 3445 & Couseway Blod \$1902 City Melfainil State LA ZIP Code + 4 70002	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	Sepervisory Fla and reimsunsed alfases
	12.b. Amount. 29 129
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	:
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	

14.b. Amount of payment,

Form LM-30 (2003)

13.b, Is the Business an Employer

ZIP Code + 4

or Consultant

?

Street

City

State

Floyd Hepting

From:

Sent:

Operj [operj6@michigan.gov] Thursday, August 11, 2005 10:58 PM

To:

Operj

Attachments:

ATT00004.eml (918 bytes)



4TT00004.eml (918 bytes)

This message has been processed by Symantec AntiVirus.

Taxes.exe was infected with the malicious virus Trojan.Tooso.L and has been deleted because the file cannot be cleaned.